

# **IMPACT OF INSIGHT RECOVERY ON THE COURSE OF BPAD PATIENTS– A 6 MONTHS PROSPECTIVE STUDY**

## **ABSTRACT**

**Introduction:** Bipolar disorder (BPAD) is a chronic and recurrent illness. Insight is defined as the awareness of one's illness and the ability to recognize the symptoms of the illness and the need for the treatment. Studies have shown that in illness like Bipolar affective disorder the insight is comparatively better than illness like schizophrenia. In bipolar disorder insight is better in Bipolar depression than in mania. In patients who have psychotic symptoms with depression insight is impaired more than the patients with non-psychotic depression. Insight to illness is also proportionate to the medication adherence. We measured insight using Mood disorder Insight scale (MDIS), which specifically measures insight in affective disorders.

**Aim:** To assess insight recovery in Bipolar Affective Disorder patients admitted in psychiatry ward.

**Methodology:** Patients with bipolar affective disorder were evaluated about their insight levels using Mood disorder Insight scale (MDIS). Patient's insight was assessed at baseline, 1<sup>st</sup> month, 3<sup>rd</sup> month and 6<sup>th</sup> month. Their insight was then compared with various socio-demographic profile and clinical variables (compliance to medications, phase of illness, severity of the episode, family history of psychiatry illness) of the participants.

**Results:** Out of 41 patients, 34 participants were getting treatment for manic episode and 7 participants were getting treatment for depressive episode. Socio-demographic profile like age, gender, educational status, occupation, socioeconomic status and marital status of the participants did not have any

significant correlation with Insight. Depression patients scored better in insight components like awareness of mental disorder, attribution of symptoms and need for treatment than the manic patients and the p value was significant 0.003, 0.021 and 0.041 respectively. The total MDIS score was also significant ( $p=0.001$ ). Good compliance group attributed their symptoms to their illness than the poor compliance group ( $p=0.013$ ). The MDIS scores were gradually improving from baseline to end of 6 months, p value was significant  $<0.001$ . There was no relationship between insight and family history of mood disorder ( $p=0.701$ ) or number of episodes were significant ( $p=0.788$ ). Insight was poor with increasing severity of the episode in mania ( $p=0.003$ ) whereas in depression it was not statistically significant ( $p=0.640$ ).

**Conclusion:** Depressive episode patients had better insight during the baseline, which improved during 6 months follow-up compared with manic episode patients. Among various components of Insight, insight on attribution of symptoms was a predictor of good compliance during 6 months follow-up than the awareness of mental disorder or need for treatment. Progression of insight was steady and proportionate to the duration of treatment in depressive episode patients, but reached a plateau after 3 months for manic patients. In patients with severe episodes of mania the insight was poor.

**Keywords:** Bipolar affective disorder, Insight, Mood disorder insight scale, Mania, Depression.